

United States District Court

DISTRICT OF

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: 04-30080-MAP

U. S., Internal Revenue Service, Commissioner of IRS,
IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

U.S. Government, c/o United States District Attorney
Federal Bldg & Courthouse, 1550 Main St
Springfield, MA 01103

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within sixty (60) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

CLERK

Mary Lynn

(BY) DEPUTY CLERK

DATE

April 29, 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>U.S. Government c/o United States Attorney Federal Bldg & Courthouse 1550 Main St Springfield, MA 01103 RE: Fed Court Case # 04-30080-MAP (3)</p>		<p>A. Signature X <i>[Signature]</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 5/3/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>PS Form 3811, August 2001</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7002 3150 0002 2103 3926</p> <p>Domestic Return Receipt</p>	

102595-02-M-1

United States District Court

DISTRICT OF

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Lynn Walsh, Compliance Services Field Dir.
Internal Revenue Service, 1040 Waverly Ave
Holtsville, NY 00501-0048

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
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West Springfield, MA 01089

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TONY ANASTAS

CLERK

Mary Jane

(BY) DEPUTY CLERK

DATE

April 29 2004

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lynn Walsh
 Compliance Services Field Dir.
 Internal Revenue Service
 1040 Waverly Ave
 Holtsville, NY 00501-0048
 RE: Fed Court Case # 04-30080-MAP
 (7)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

RECEIVED IRS

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No**MAY - 3 2004****503****IRS CENTER AT BR DOKHAVER**

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

7002 3150 0002 2103 3889

(Transfer from service label)

102595-02-M-1540

PS Form 3811, August 2001

Domestic Return Receipt

United States District Court

DISTRICT OF _____

David P. Fontaine (Pro Se Litigant)

SUMMONS IN A CIVIL CASE

V.

CASE NUMBER: **04-30080-MAP**

U. S., Internal Revenue Service, Commissioner of IRS,
IRS Employees - Sheila O'Brien, Lynn Walsh, Jane B. Finnegan, Larry Leder, and Dennis Parizek,
State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Conn. Dept of Revenue Services (CDORS), c/o Commissioner Gene Gavin
CT Dept of Revenue Services, 25 Sigourney St, P.O. Box 5088
Hartford, CT 06102-5088

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

David P. Fontaine (Pro Se Litigant)
68 Van Horn St.
West Springfield, MA 01089

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

TUNY ANASTAS


CLERK

Mary J. Ann

(BY) DEPUTY CLERK

DATE

April 29 2004

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Conn. Dept of Revenue Services (CDORS) c/o Commissioner Gene Gavin CT Dept of Revenue Services 25 Sigourney St, P.O. Box 5088 Hartford, CT 06102-5088 RE: Fed Court Case # 04-30080-MAP (13)</p>		<p>B. Received by (Printed Name)</p>	<p>C. Date of Delivery</p> <p>MAY 03, 2004</p>
<p>2. Article Number (Transfer from service label)</p> <p>7002 3150 0002 2103 4015</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-1540	

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

CDORS Office of the Commissioner, c/o Commissioner Gene Gavin
CT Dept of Revenue Services, 25 Sigourney St, P.O. Box 5088
Hartford, CT 06102-5088

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April 29, 2004

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CDORS Office of the Commissioner
 c/o Commissioner Gene Gavin
 CT Dept of Revenue Services
 25 Sigourney St, P.O. Box 5088
 Hartford, CT 06102-5088
 RE: Fed Court Case # 04-30080-MAP
 (14)

2. Article Number
(Transfer from service)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 3150 0002 2103 4008

Domestic Return Receipt

102595-02-M-1540

United States District Court

DISTRICT OF

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State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Commissioner Gene Gavin, CT Dept of Revenue Services
25 Sigourney St, P.O. Box 5088
Hartford, CT 06102-5088

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1. Article Addressed to:

Commissioner Gene Gavin
 CT Dept of Revenue Services
 25 Sigourney St
 P.O. Box 5088
 Hartford, CT 06102-5088
 RE: Fed Court Case # 04-30080-MAP
 (16)

2. Article Number
(Transfer from service label)

PS Form 3811, August 2000

COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

☐ Agent
☐ Addressee
 C. Date of Delivery

 D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

MAY 03 2004

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7002 3150 0002 2103 3988

Domestic Return Receipt

102595-02-M-1540

United States District Court

DISTRICT OF

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State of CT, CT Dept of Rev. Svcs, CDORS Commissioner, Governor John Rowland, CT Comm. Gene Gavi
State of MA, MA Dept of Revenue, MA Commissioner of Revenue

TO: (Name and address of defendant)

Massachusetts State Government, c/o Massachusetts Attorney General
One Ashburton Place,
Boston, MA 02108

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<p>1. Article Addressed to:</p> <p>Massachusetts State Government c/o Massachusetts Attorney General One Ashburton Place Boston, MA 02108 RE: Fed Court Case # 04-30080-MAP (18)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from ser</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, August 2002 7002 3150 0002 2103 3964 102595-02-M-1540</p>	